SENDER: COMPLETE THIS SECTION	V	COMPLETE THIS SECTION ON DELIVERT
 Complete items 1, 2, and 3. Also conitem 4 if Restricted Delivery is desired. Print your name and address on the so that we can return the card to you. Attach this card to the back of the mor on the front if space permits. 	d. reverse ı.	A. Signature Agent Agent Addresse B. Received by (Proted Name) D. Is delivery address differentifrom item 1? Yes
Article Addressed to:		If YES, enter delivery address below: No
Box Elder County Planning and 2 1 South Main Street Brigham City, Utah 84302	Zoning	
		3. Service Type
		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandis ☐ Insured Mail ☐ C.O.D.
EB 8-28-12 MI003/0	087	4. Restricted Delivery? (Extra Fee)
Article Number (Transfer from service label)	701	1 0110 0001 3568 0178
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-15-	

COMPLETE THE SECTION ON DELIVERY

UNITED STATES POSTAL SERVICE 04:13 AM



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

EMILY BERRY
STATE OF UTAH
DIVISION OF OIL GAS & MINING
PO BOX 145801
SALT LAKE CITY U

RECEIVED"

AUG 3 0 2012

DIV. OF OIL, GAS & MINING

U.S. Postal Service TO CERTIFIED MAIL TO RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

TO DETRI	8-28-	12 M1003/008
Postage Certified Fee	s	Tentative Approval
Return Receipt Fee (Endorsement Required)		Postmark Here
Restricted Delivery Fee (Endorsement Required)		

Total !

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Box Elder County Planning and Zoning
1 South Main Street

Brigham City, Utah 84302

City, Sta

PS Form 3806, August 2006

See Reverse for Instructions